## **EXHIBIT 5**

# PLEASE DO NOT DETACH

## Foreign Medical Graduate Examination in the Medical Sciences and the ECFMG English Test

PART A

NOTE: All Items on all sides of the application must be filled out completely for initial and repeat examinations or application will not be accepted.

Use typewriter or block print in ink.

Control by the second s		
1 EXAMINATION HISTORY:	Have you previously applied to take one or more of the examinations administered by ECFMG?	□ Yes No
As a second seco	If you have been assigned an ECFMG Applicant Number, enter the number in this box.	482-700
2 NAME: Print your name as you want it to appear on the	OLUWAFEMI CHARLES	
Standard ECFMG Certificate	Lasi Name (Surname)	
	Full Maiden Name (For married women only)	
2.1) If you have previously applied to ECFMG	Previous Name	_
under another name, provide that name	Please include a copy of the legal document that verifies this name change.	
3 ADDRESS: Use address to which	19.7.011 ENEXIING PRIINROSE	DRILIVIEL
admission permit and other notification from ECFMG should be sent	Apartment Number  Post Office Box Number	
4	City City	
3	State/Country Zip or Postal Code	
4 SOCIAL SECURITY NUMBER:	If you have a United States Social Security Number, enter the number in this box.	-5054
5 STATUS OF MEDICAL SCHOOL STUDENT: Must be completed by students	If you are applying for Day 2, will you have completed or be within 12 months of	Yes No
6 EXAMINATION REGISTRATION:	Examination-Date (Month/Year). JULY 1992	
Check box(es) to Indicate the	Basic Medical Science Component (Day 1)	[ECK a/]
componed((s) for which '	Clinical Science Component and ECFMG English Test (Day 2)	RALA
	ECFMG English Test (administered on second day only)	DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY
61 EXAMINATION CENTER:	If you do not indicate a second charce of center and the first choice is not available, ECFMG reserves the right to assign a center.	(1971) - II -
See ECFMG Information Booklet for list of centers	Select two: 1816holde BALTIMORE 300 Center No.	
	2nd Choice WASH INTTUN, D.C. 350 City Center No.	-
(7) EXAMINATION FEE(S):	Fees must be paid in United States funds. Checks, bank drafts or money orders are to be made payable to the ECFMG. Do not send cash.	
Lenglosed on the line provided	Basic Medical Science Component (Day 1 only) \$265	0
APR -6 1992	Clinical Science Component and ECFMG English Test (Day 2 only) \$265	B. Die
70	Basic Medical Science Component, Clinical Science Component and	DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY
ECFMG	ECFMG English Test (Day 1 and Day 2) \$425  ECFMG English Test only \$25  Enter amount enclosed	\$ <u></u> 11 Steeles
<u></u>		

#### PART B

			111			
8	SECONDARY	Schools Attended	Local (exact ac		Dates Attended (month and year)	No. School . Years
	SCHOOL COLLEGE/	IMMACULATE CONCEPTION	BENIN CI	TY	TUNE 1974	15
	UNIVERSITY:	COLLEGE :	NIGERII		SEPT 1979	
				- New York Control of the Control of		
9	MEDICAL	Schools Attended	Locat (exact ac		Dates Attended (month and year)	wo. School Years
SCHOOL: Use precise name		LINIVERSITY OF	BADAN		JUNE 1982	Form
	and list all schools attended	BADAN COLLEGE OF	XIIGEI	21A	JUNE 1987	
		MEDICINE				
9.1)	CLINICAL CLERKSHIPS: Refers to that period of medical education	Clinical Hospital/Clinic	(ex	Location act address)	Supervising Physician	Dates of Clerkship
		MEDICINE ?		4-	DR CHWUKA	MAR FRE
			a tagen		INC COUNTRA	FEINE 198
	in the clinical disciplines during	SURGERY SPECIALI	5		MR IDIAKHOA	- JEC 19
	which as a medical student you gained	PAEDINTRICS HOSPIT A	-L VI	115010	DO ASEMOTA	DEC 198
	practical experience in hospitals or clinics.	THE STATE OF THE S	CITY	ILIFRIA !	A STATE OF THE STA	MAR_ 19.
	List clerkships	OBSIETRIA LENTO			DR COSTEGBA	JUNE 19
	(rotations, pre- graduate internships)	GYNAEGOGY J				1 1 1 1 1 1
	for each clinical discipline.	4				
			M1215-1-12-112-112-111-111			
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		(9		151156 12		
		¥				
	e.					ļ
		If additional lines are necessary use the reve	rse side of Part C.			
(9.2)	MEDICAL DEGREE: Conferred or Expected	Title of Degree MBRS			1987	
_		Title of Degree 10115 5	D	ate Conferred /Expec	ted:	
(10)	MEDICAL LICENSURE: Present or Future	Date you received (or expect to receive) an u	inrestricted license or c	ertificate of full registr	24 f 1 de	licine:
_		7E5 COI	untry or state in which y	ou are licensed:/	MIFERI	P .
_	HOSPITAL,	Hospitals	, ,	Position(s)	<del></del>	Dates
1	TRAINING: Residency or fellowship			The state of the s		
		S		4 Normalian region		
	EMPLOYMENT: Present employment only	Institution/Company	0 0 - Dr - 5 AS	Position		Dates
		Name: MARY (AND MED L	A-BORD TORY	06/0	60to- 19	00
		Street: 1901 SUIPAUY Spring	Road Poxis	(1)	44.	72.
		City/State/Country: RALTIMITY MID	21227	-1715	Je	
12	BIRTHDATE/ BIRTHPLACE;	17 7	2 71.0	Com ACU	21.1 ×1.6	ECIN
-		Day/Month/Year: 17-4-62	Location: 1LT	City, Province, Country	4/0 - /0/14	ERIA
13) SEX:					7	
13)	SEX:	Please check one:  Male F	emale 14 NATIVE	LANGUAGE:	URUBA	
15)	CITIZENSHIP;	(Complete all three)	4, 1111-161-1-101	I   .   =	-10	
			SA Other (Sp	ecity) Nilit	ERIAN C	56
	2		SA D Other D (Sp		ERIAN ERIAN/	
	201		SA 🗆 Other 🗅 (Sp	ecify) ///Cr	ERIA-N/	$\checkmark$

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#### PART C

Students and graduates must sign the application in the presence of their Meu-School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below,

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See B.1 below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature.

All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I also certify and acknowledge that I have received the current edition of the ECFMG information Booklet for FMGEMS and am aware of its contents.

I understand that (1) latsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to form the my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to rovoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital or to any other organization or Individual who, in the judgment of ECFMG, has a legitimate interest in such information.

Seal, Slamp or signature

Seal, stamp or signature of afficial must cover a portion of the attached photograph.

(Must be completed in English)

(16.1) CERTIFICATION BY MEDICAL SCHOOL OFFICIAL

(16) CERTIFICATION

BY APPLICANT

OR

NOTARIZATION WITH EXPLANATION (Pertains to graduates only)

338/I/D

RECEIVE

APR -6 1992

**ECFMG** 

Signature of Applicant X (in Latin Characters)

A. I hereby certify that the photograph, signature, and information entered on this form accurately apply to the individual named above.

X Signature of Medical School Official

Official Title	Date	43
		1 - 1

B. Subscribed and sworn to before me this 3/ day of Millians

Bignature of Consular Official, First Class Magistrate, Notary Public Official Title

B.1 Explain below why the application form could not be signed in the presence of your medical school dean, vice dean or registrar.

Any explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

NOTARY PLACE STATE OF MARYLAND My Commission Expires September 8, 1994

Have you ever been denied licensure or authority to practice medicine by any medical licensing or registering authority, or has any such license or authority to practice medicine ever been suspended or revoked?

Yes

□ No

If the answer to this question is "Yes," please explain fully on a separate sheet of paper, giving details such as date, location, charge, and action taken; and provide any supporting documents.

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TO BE USED AS CONTINUATION OF SECTION 9.1 IN PART B

WELL.

ECFMG-000158